

17364 U.S. PTO
122903Please type a plus sign (+) inside this box

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **TI-35279**First Named Inventor or Application Identifier **Vinu Yamunan**Title **Three-Level Leadframe for No-Lead Packages**Express Mail Label No. **FV333324444US**

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP Chapter 600 concerning utility patent application contents			
1. <input checked="" type="checkbox"/> X	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/>	Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> X	Specification (preferred arrangement set forth below)	7. <input type="checkbox"/>	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
	- Descriptive title of the Invention	a. <input type="checkbox"/>	Computer Readable Copy
	- Cross References to Related Applications	b. <input type="checkbox"/>	Paper Copy (identical to computer copy)
	- Statement Regarding Fed sponsored R&D	c. <input type="checkbox"/>	Statement verifying identical of above copies
	- Reference to Microfiche Appendix		
	- Background of the Invention		
	- Brief Summary of the Invention		
	- Brief Description of the Drawings (if filed)		
	- Detailed Description		
	- Claim(s)		
	- Abstract of the Disclosure		
3. <input checked="" type="checkbox"/> X	Drawing(s) (35 USC d113)	[Total Sheets 3] <input type="checkbox"/>	8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))
4. Oath or Declaration	unsigned	[Total Pages 1] <input type="checkbox"/>	9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> X	Newly Executed (original or copy)		10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/>	Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
[Note Box 5 below]			
i. <input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).		12. <input type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/>	Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<i>A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</i>			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:			
<input type="checkbox"/> Continuation		<input type="checkbox"/> Divisional	
<input type="checkbox"/> Continuation-in-part (CIP)		of prior application No:	
Prior application information: Examiner _____		Group / Art Unit: _____	
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		23494 <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
NAME			
ADDRESS			
CITY	STATE	TX	ZIP CODE
COUNTRY	TELEPHONE	(972) 470-0130	
Name (Print/Type)		Registration No. (Attorney/Agent) 20,250	
Signature		Date 12/29/03	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2003

Express Mailing Label No.: EV333324444US

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete If Known	
Application Number	TBD
Filing Date	Herewith
First Named Inventor	Vinu Yamunan
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-35279

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account.

Deposit Account Number 20-0668

Deposit Account Name Texas Instruments Incorporated

 Charge any additional fee required or credit any overpayment
 Charge all indicated fees and any additional fee required or credit any overpayment
 2. Payment Enclosed:
 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	370	Utility filing fee	\$770
1002	330	2002	165	Design filing fee	\$
1003	510	2003	255	Plant filing fee	\$
1004	740	2004	370	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$
SUBTOTAL (1)					(\$770)

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	19	-20**=	0 x 18 =	0
Independent Claims	2	-3** =	0 x 86 =	0
Multiple Dependent			260 =	

** or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	42	Independent Claims in excess of 3
1203	280	2203	140	Multiple dependent claims in excess of 3
1204	86	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$0)

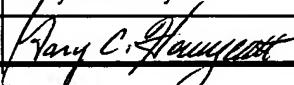
3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	200	Extension of time within second month	
1253	950	2253	460	Extension of time within third month	
1254	1,480	2254	720	Extension of time within fourth month	
1255	2,010	2255	980	Extension of time within fifth month	
1401	330	2401	160	Notice of Appeal	
1402	330	2402	160	Filing a brief in support of an appeal	
1403	290	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1801	770	2801	370	Request for Continued Examination (RCE)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (time number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2801	370	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)					
Other fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) 0

Complete (if applicable)

SUBMITTED BY	Gary C. Honeycutt	Reg. Number	20,250
Typed or Printed Name			
Signature		12/29/03	Deposit Account User ID